



ASSURANT
Employee
Benefits

State of Tennessee Prepaid Plan

Dental Benefit Option



**Sponsored by the
State of Tennessee**

2008

Products and services marketed by Assurant
Employee Benefits are underwritten and/or
provided by Union Security Insurance Company.



The State of Tennessee Sponsored Prepaid Dental Plan

Savings You Can See

Monthly Payroll Deduction

Employee	\$8.90
Employee and One Dependent	\$15.78
Employee and Two or More Dependents	\$21.70

Prepaid Plan Features:

- No Deductibles
- No Claims to File
- No Annual Dollar Maximum
- No Waiting Periods for Covered Members
- Coverage for Pre-Existing Conditions
- Wide Range of Covered Procedures
- No Referral Required for Specialist Services
- Fixed Copayment Schedule

Dental Treatment	Cost with Assurant Employee Benefits	Average Retail Charges*
For the Entire Family		
2 Examinations (1 every 6 months - Family)	\$ 0	\$ 220
1 Set Bitewing X-rays - 2 films (per Child)	\$ 0	\$ 216
1 Set Bitewing X-rays - 4 films (per Adult)	\$ 0	\$ 164
2 Routine Cleanings (1 every 6 months - Children)	\$ 0	\$ 209
2 Routine Cleanings (1 every 6 months - Adults)	\$ 0	\$ 160
10 Office Visits	\$ 100**	N/A
Mr. Miller		
1 Tooth-colored Filling (2 surfaces, posterior)	\$ 70	\$ 130
4 Quadrants Periodontal Scaling and Root Planing	\$ 240	\$ 628
Mrs. Miller		
1 Tooth-colored Filling (1 surface, posterior)	\$ 55	\$ 100
1 Root Canal (bicuspid)	\$ 200	\$ 577
1 Crown (porcelain to high noble metal)	\$ 275	\$ 703
The Millers' son		
2 Silver Fillings (1 surface each)	\$ 0	\$ 155
1 Extraction (single tooth)	\$ 15	\$ 60
The Millers' daughter		
2 Sealants	\$ 20	\$ 68
Annual Family Prepayment Fee	\$ 260	N/A
One Year Out-of-Pocket Cost	\$1,235	\$3,390
*The Average Retail Charges were determined by Assurant Employee Benefits claims analysis for the year 2003. The Retail Charges represent a mean average rounded to the nearest dollar.		
**There is a \$10 office copayment each time you visit the dentist.		
The costs and services presented are examples and may not reflect your actual experience in an Assurant Employee Benefits plan.		

Compare the cost of dental treatments with the Assurant Employee Benefits State plan versus costs with no plan participation.

See the potential savings - \$2,155!

The bottom line is, Assurant Employee Benefits may save you money. Although this example is for illustrative purposes only, the **money you save** is real.

Important Information

about the Prepaid Plan

A Dental Plan Means Healthy Smiles

Because you are a valued participant in the State of Tennessee Group Insurance Program, we are pleased to offer you the opportunity to enroll in a dental benefit plan. This dental program is a Prepaid Plan, offering comprehensive benefits through a network of Plan dentists. Your dental benefit plan is being provided by Union Security Insurance Company.

How the Plan Works

In order to utilize the benefits of the Prepaid Plan you must select a Participating General Dentist from the directory. A directory is included in this booklet and also updated monthly and available online at www.assurantemployeebenefits.com.

When you or your family receive dental services from your selected Participating General Dentist or from a Participating Specialist, you will be charged for those services according to the General Dentist or Specialist Copayment Schedules. Copayments are reduced fees that you pay the dentist for the treatment you receive. For your convenience, a list of copayments is included in this booklet.

IMPORTANT:

Coverage for eligible employees and dependents will begin January 1, 2008. The Annual Enrollment Transfer Period (October 15 through November 16) is the time when you and your eligible dependents have the opportunity to enroll in the Prepaid Plan option. If you fail to enroll during the Annual Enrollment Transfer Period, you must wait until next year. **Please note that if you are presently enrolled in the Prepaid Plan and wish to remain in this plan, you need not take any action.**

How to Enroll

To enroll, just follow these three simple steps:

1. Complete the appropriate sections of the State of Tennessee enrollment/change application and return it to your agency's benefits coordinator.
2. Select a dentist from the Directory of Dentists for yourself and every eligible member of your family. **Each family member may choose a different Plan dentist.** You may change your dentist throughout the plan year,* however, all services must be performed by a Plan provider. (See the "Questions & Answers" on page 3 for additional information.)
3. Complete the Dentist Selection Card on the back cover of this booklet, being sure to include the 7-digit Dental Facility ID# for the Participating General Dentist you select. (A list of General Dentists participating with the Prepaid Plan is included in this booklet.) Detach and return the card directly to your agency's benefits coordinator. In order to receive the benefits of the Prepaid Plan you must select a Participating General Dentist.

*Changes must be made in accordance with group policy provisions.

Information available in your 2008 booklet:

Enrollment information	Page 2
Questions and Answers	Page 3
Full copayment schedules	Page 4 through 7
Network Directory	Starting on Page 8
Enrollment Form	Back cover

Questions and Answers

about the Prepaid Plan

Q. Who is eligible for the Prepaid Plan offered?

- A. Under the Prepaid Plan you, your spouse and eligible dependents under the age of 24 are eligible for dental coverage. To review dependent eligibility, please refer to your Insurance Handbook. You may obtain a copy of this handbook from your agency's benefits coordinator.

Q. How are the dentists selected for participation in the Prepaid Plan?

- A. All dentists who participate in the Prepaid Plan have successfully completed an individual credentialing process. A review of each dentist's license, practice history and infection control procedures is performed initially and repeated periodically.

Q. Is there a list of dentists that I must choose from?

- A. In order to receive the benefits of the Prepaid Plan, you must select a Participating General Dentist. Use the Dentist Selection Card on the back cover of this booklet to submit your provider selection. Requests must be received by the 10th of the month to be effective the 1st day on the following month. A directory of Participating dentists is included in this booklet. You can also find a listing of participating dentists online at www.assurantemployeebenefits.com. Click on the 'Find a Dentist' option. Then choose the 'Denticare' network for the state of TN.

Q. Why must I select a Participating General Dentist?

- A. The benefits of the Prepaid Plan are only available through the Participating Provider you select. Should you receive services from a non-Participating Provider, those services will not be covered under the Prepaid Plan.

Q. How can I receive the most current Participating Dentist information?

- A. You can obtain current Participating Dentist information by calling Customer Service at **800.443.2995** Monday– Friday 7:00am - 6:00pm (Central Standard Time). If you have internet access, you can also find the most current listing of Participating Dentists at www.assurantemployeebenefits.com.

Q. What are copayments?

- A. Copayments are reduced fees that you pay directly to the Participating General Dentist or Participating Specialist for dental treatments. A listing of copayments for the Prepaid Plan is included on pages 4 through 7 of this booklet. Following enrollment, an additional copy of the General Dentist and Specialist copayment schedules for the Prepaid plan will be mailed to your home with your Certificate of Group Prepaid Dental Benefits.

Q. Will I receive an I.D. Card, booklet, etc.?

- A. When you enroll for coverage under the Prepaid Plan, you will receive an I.D. Card. A Certificate of Group Prepaid Dental Benefits and a complete listing of copayments will be mailed shortly thereafter to your home address.

Q. How do I receive care from my General Dentist under the Prepaid Plan?

- A. After your effective date, contact the Participating General Dentist you selected and tell the office that you have the State of Tennessee Prepaid Plan. They will schedule your appointment to see the dentist. After you have received treatment from your dentist, you will be charged according to the Copayment Schedule for the Prepaid Plan.

Q. What if I need to see a Specialist?

- A. Should the services of a specialist (Oral Surgeon, Endodontist, Orthodontist, Periodontist or Pedodontist) be necessary, you may obtain those service from a Participating Specialist. No referral is needed from your Participating General Dentist in order for you to obtain services from a Participating Specialist. Tell the Participating Specialist's office you have the State of Tennessee Prepaid Plan. They will schedule your appointment.

Q. Are braces covered?

- A. Yes, under the Prepaid Plan children and adults may receive Orthodontic services from a Participating Orthodontist. If you are treated by a Participating Orthodontist, you will receive a 25% reduction off that Orthodontist's usual and customary charges.

Q. If I leave my employer, can I continue coverage?

- A. Yes, you will receive a letter from the State notifying you of the option to continue dental coverage through COBRA. After COBRA status ends, members on the Prepaid plan may elect to continue coverage on a direct pay basis. Fees may be paid by monthly bank draft or lump sum annual payments. After conversion, benefits will remain the same as those inforced at the time of the conversion; unless the Member requests otherwise.

Q. May I change General Dentists under the Prepaid Plan?

- A. Yes. If you have no balance owed to your current Participating General Dentist, you may change dentists on the Prepaid Plan by simply calling Customer Service at **800.443.2995** Monday–Friday 7:00am - 6:00pm (Central Standard Time). No forms or pre-approval are required. You must call by the 10th of the month for the change to be effective the 1st of the following month.

Copayment Schedule for Participating General Dentists

State of Tennessee Prepaid Dental Plan

This dental plan is provided by Union Security Insurance Company

When you enroll for coverage, treatments you receive from your Participating General Dentist or Participating Specialist will be provided at reduced fees called copayments. Following enrollment, a complete list of Prepaid Plan Copayments for General Dentists and Specialists will be mailed to your home with your Certificate of Group Prepaid Dental Benefits.

Important Information

Participating General Dentist Services

The dental services listed on the Copayment Schedule are covered only when provided by the Member's selected Participating General Dentist. Dental services that do not appear on this list are not covered by the Plan. Members will be responsible for paying the amount listed in the "Member Copayment" column at the time the service is received, or in accordance with the Participating General Dentist's billing procedures.

All procedures listed may not be performed by the Participating General Dentist you select. The Copayments shown apply to those Participating General Dentists who perform those services. Therefore, Members are encouraged to discuss availability of the scheduled services with their Participating General Dentist.

Participating Specialist Services

Should a Plan Member require dental services that their selected Participating General Dentist is unable to provide, they may obtain those services from a Participating Specialist. No referral is needed from the selected Participating General Dentist in order for the Member to obtain services from a Participating Specialist.

Oral Surgery, Endodontics, Periodontics, Pedodontics: Please see the Participating Specialist Copayment Schedule for complete details.

Orthodontics: If you are treated by a Participating Orthodontist, you will receive a 25% reduction off that Orthodontist's usual and customary charges. Payment for services performed by a non-participating Orthodontist will be the responsibility of the Member.

This is a Member Copayment Schedule only. It is not a Certificate of Group Prepaid Dental Benefits. Please see the Group Contract of Prepaid Dental Benefits and Certificate of Group Prepaid Dental Benefits, which determines all rights, benefits, and applicable limitations and exclusions.

ADA Code	Participating General Dentist Treatment	Member Copayment
APPOINTMENTS		
0120	Periodic oral evaluation	No Charge
0140	Limited oral evaluation - problem focused	20.00
0150	Comprehensive oral evaluation	No Charge
0180	Comprehensive periodontal evaluation	No Charge
0999	Office visit (in conjunction with service)	10.00
9430	Office visit (no service)	10.00
0999	Emergency office visit (in conjunction with service)	No Charge
9440	Emergency office visit (no service)	10.00
0999	Missed appointment (without 24 hour notice) (Per 30 min, Max \$40)	20.00

ADA Code	Participating General Dentist Treatment	Member Copayment
DIAGNOSTIC DENTISTRY		
0210	X-Ray - intraoral, complete series including bitewings	No Charge
0220	X-Ray - intraoral, periapical, first film	No Charge
0230	X-Ray - intraoral, periapical, each additional film	No Charge
0240	X-Ray - intraoral, occlusal	No Charge
0250	X-Ray - extraoral, first film	No Charge
0270	X-Ray - bitewing, single film	No Charge
0272	X-Ray - bitewing, two films	No Charge
0274	X-Ray - bitewing, four films	No Charge
0330	X-Ray - panoramic film	No Charge
0340	Cephalometric film	No Charge
0460	Pulp vitality tests	No Charge
0470	Diagnostic casts	No Charge
PREVENTIVE DENTISTRY		
1110	Routine prophylaxis - adult (once every 6 mos.)	No Charge
1120	Routine prophylaxis - child (once every 6 mos.) child up to age 18	No Charge
1201	Topical application of fluoride - child up to age 18 (Prophylaxis included)	No Charge
1203	Topical application of fluoride - child up to age 18 (Prophylaxis not included)	No Charge
1330	Oral Hygiene instructions	No Charge
1351	Application of sealant, per tooth	10.00
1510	Space maintainer (fixed) - unilateral	45.00*
1515	Space maintainer (fixed) - bilateral	45.00*
1520	Space maintainer (removable) - unilateral	85.00*
1525	Space maintainer (removable) - bilateral	85.00*
1550	Recementation of space maintainer	15.00
RESTORATIVE DENTISTRY (FILLINGS/CROWNS)		
2140	Amalgam - One surface, primary or permanent	No Charge
2150	Amalgam - Two surfaces, primary or permanent	8.00
2160	Amalgam - Three surfaces, primary or permanent	18.00
2161	Amalgam - Four surfaces, primary or permanent	22.00
2330	Resin Filling - One surface, anterior	25.00
2331	Resin Filling - Two surfaces, anterior	35.00
2332	Resin Filling - Three surfaces, anterior	45.00
2335	Resin Filling - Four or more surfaces, anterior	55.00
2391	Resin Filling - One surface posterior	55.00
2392	Resin Filling - Two surfaces, posterior	70.00
2393	Resin Filling - Three surfaces, posterior	90.00
2394	Resin Filling - Four or more surfaces, posterior	105.00
2510	Inlay - Metallic, One surface	90.00*
2520	Inlay - Metallic, Two surfaces	100.00*
2530	Inlay - Metallic, Three or more surfaces	125.00*
2740	Crown - Porcelain/Ceramic	275.00*
2750	Crown - Porcelain to high noble metal	275.00*
2751	Crown - Porcelain to base metal	275.00*
2752	Crown - Porcelain to noble metal	275.00*
2790	Crown - Full cast high noble metal	255.00*
2791	Crown - Full cast base metal	255.00*
2792	Crown - Full cast noble metal	255.00*
2799	Provisional Crown	255.00*
2910	Recement Inlay, onlay or partial coverage restoration	15.00
2920	Recement Crown	15.00
2930	Prefabricated stainless steel crown - primary tooth	65.00
2931	Prefabricated stainless steel crown - permanent	65.00
2940	Sedative filling	3.00
2950	Core buildup, including any pins	75.00
2951	Pin retention (per tooth), in addition to restoration	10.00
2952	Cast post and core, in addition to crown	75.00*
2954	Prefabricated post and core, in addition to crown	75.00
2960	Labial veneer (laminate) - chairside	200.00
2962	Labial veneer (porcelain laminate) - laboratory	300.00*

ADA Code	Participating General Dentist Treatment	Member Copayment	ADA Code	Participating General Dentist Treatment	Member Copayment
ENDODONTICS (ROOT CANALS)			FIXED PROSTHODONTICS		
3110	Pulp Cap - Direct	No Charge	6210	Pontic - Cast high noble metal, per unit	255.00*
3120	Pulp Cap - Indirect	No Charge	6211	Pontic - Cast base metal, per unit	255.00*
3220	Pulpotomy (excluding final restoration)	20.00	6212	Pontic - Cast noble metal, per unit	255.00*
3310	Root Canal - Anterior (excluding final restoration)	125.00	6240	Pontic - Porcelain fused to high noble metal, per unit**	275.00*
3320	Root Canal - Bicuspid (excluding final restoration)	200.00	6241	Pontic - Porcelain fused to base metal, per unit	275.00*
3330	Root Canal - Molar (excluding final restoration)	250.00	6242	Pontic - Porcelain fused to noble metal, per unit	275.00*
3410	Apicoectomy - Anterior	50.00	6750	Crown - Porcelain fused to high noble metal, per unit**	275.00*
PERIODONTICS			6751	Crown - Porcelain fused to base metal, per unit	275.00*
4210	Gingivectomy or Gingivoplasty, four + contiguous teeth or bounded teeth spaces per quadrant	90.00	6752	Crown - Porcelain fused to noble metal, per unit	275.00*
4211	Gingivectomy or Gingivoplasty, one to three teeth per quadrant	50.00	6790	Crown - Full cast high noble metal, per unit	255.00*
4240	Gingival flap procedure including root planing, per quadrant	240.00	6791	Crown - Full cast base metal, per unit	255.00*
4241	Gingival flap procedure including root planing - one to three contiguous teeth or bounded teeth spaces, per quadrant	100.00	6792	Crown - Full cast noble metal, per unit	255.00*
4260	Osseous Surgery, (including flap entry and closure) four or more teeth or bounded teeth spaces per quadrant	300.00	6930	Recement bridge	15.00
4271	Free Soft Tissue Graft Procedure	300.00	ORAL SURGERY		
4341	Periodontal Scaling and Root Planing, four or more teeth per quadrant	60.00	7140	Extraction, erupted tooth or exposed root	15.00
4910	Periodontal maintenance	45.00	7210	Surgical removal of erupted tooth removal/sectioning	55.00
REMOVABLE PROSTHODONTICS (DENTURES)			7220	Removal of impacted tooth - soft tissue	65.00
5110	Complete upper denture	310.00*	7230	Removal of impacted tooth - partial bony	75.00
5120	Complete lower denture	310.00*	7240	Removal of impacted tooth - complete bony	100.00
5130	Immediate upper denture (excluding relines)	365.00*	7241	Removal of impacted tooth - complete bony, with complications	125.00
5140	Immediate lower denture (excluding relines)	365.00*	7250	Surgical removal of residual roots (cutting procedure)	40.00
5211	Partial denture-upper (resin base, including clasps, etc.)	310.00*	7310	Alveoloplasty in conjunction with extractions, per quadrant	40.00
5212	Partial denture -lower (resin base, including clasps, etc.)	295.00*	7510	Incision and drainage of abscess - intraoral soft tissue	25.00
5213	Partial denture -upper (cast metal framework/acrylic base)	350.00*	7960	Frenectomy	50.00
5214	Partial Denture-lower cast metal framework/acrylic (Cast Metal Framework/Acrylic Base)	350.00*	OTHER SERVICES		
5410	Adjust complete denture - upper	10.00	9110	Pallative - Dental Pain	25.00
5411	Adjust complete denture - lower	10.00	9210	Local Anesthesia (not in conjunction with surgery)	No Charge
5421	Adjust partial denture - upper	10.00	9215	Local Anesthesia	No Charge
5422	Adjust partial denture - lower	10.00	9220	Deep sedation/ general anesthesia (first 30 minutes)	No Charge
5510	Repair Broken Complete Denture Base	25.00*	9221	Deep sedation /general anesthesia (each add 15 minutes)	168.00
5520	Replace missing/broken teeth	40.00*	9230	Analgesia - Nitrous Oxide (per 30 minutes)	15.00
5610	Repair resin denture base	35.00*	9241	Intravenous conscious sedation/analgesia (first 30 minutes)	No Charge
5620	Repair cast framework	35.00*	9242	Intravenous conscious sedation/analgesia (each additional 15 minutes)	No Charge
5630	Repair or replace broken clasps	35.00*	9310	Consultation appointment	25.00
5640	Repair broken teeth, per tooth	35.00*	9910	Application - desensitizing medicament	18.00
5650	Add tooth to existing partial denture	35.00	9951	Occlusal adjustment (limited)	30.00
5660	Add clasp to existing partial denture	30.00	9952	Occlusal adjustment (complete)	150.00
5710	Rebase complete upper denture	95.00*	9972	External bleaching, per arch	150.00
5711	Rebase complete lower denture	10.00	9973	External bleaching, per tooth	30.00
5720	Rebase upper partial denture	10.00	Customer Service 800.443.2995		
5721	Rebase lower partial denture	10.00	*Members are responsible for additional lab fees for these services.		
5730	Reline complete upper denture - chairside	60.00			
5731	Reline complete lower denture - chairside	60.00	**Service does not have an American Dental Association current dental terminology code or nomenclature/descriptor.		
5740	Reline upper partial denture - chairside	60.00			
5741	Reline lower partial denture - chairside	60.00			
5750	Reline complete upper denture - laboratory	95.00*			
5751	Reline complete lower denture - laboratory	95.00*			
5760	Reline upper partial denture - laboratory	95.00*			
5761	Reline lower partial denture - laboratory	95.00*			

Copayment Schedule for Participating Specialists

State of Tennessee Prepaid Dental Plan

This dental plan is provided by Union Security Insurance Company

Important Information

Participating Specialist Services:

Should a Plan Member require dental services that their selected Participating General Dentist is unable to provide, they may obtain those services from a Participating Specialist. No referral is needed from the selected Participating General Dentist in order for the Member to obtain services from a Participating Specialist.

All procedures listed may not be performed by the Participating Specialist selected. The Copayments shown apply to those Participating Specialists who perform those services. Therefore, Members are encouraged to discuss availability of the scheduled services with Participating Specialists.

Services provided by the Participating Specialist that are not included in this Copayment schedule will be provided at a 25% reduction in the Participating Specialist's usual and customary fees.

This is a Member Copayment Schedule only. It is not a Certificate of Group Prepaid Dental Benefits. Please see the Group Contract of Prepaid Dental Benefits and Certificate of Group Prepaid Dental Benefits, which determines all rights, benefits, and applicable limitations and exclusions.

ADA Code	Participating General Dentist Treatment	Member Copayment
APPOINTMENTS		
0120	Periodic oral evaluation	No Charge
0140	Limited oral evaluation - problem focused	30.00
0150	Comprehensive oral evaluation	20.00
0180	Comprehensive periodontal evaluation	No Charge
0999	Office visit (in conjunction with service)	10.00
9430	Office visit (no service)	10.00
0999	Emergency office visit (in conjunction with service)	No Charge
9440	Emergency office visit (no service)	10.00
0999	Missed appointment (without 24 hour notice) (Per 30 min, Max \$40)	20.00
DIAGNOSTIC DENTISTRY		
0210	X-Ray - intraoral, complete series, including bitewings	5.00
0220	X-Ray - intraoral, periapical, first film	No Charge
0230	X-Ray - intraoral, periapical, each additional film	No Charge
0240	X-Ray - intraoral, occlusal	No Charge
0250	X-Ray - extraoral, first film	No Charge
0270	X-Ray - bitewing, single film	No Charge
0272	X-Ray - bitewing, two films	No Charge
0274	X-Ray - bitewing, four films	No Charge
0330	X-Ray - Panoramic film	20.00
0340	Cephalometric film	45.00
0350	Oral/facial photographic images	No Charge
0460	Pulp vitality tests	No Charge
0470	Diagnostic casts	10.00
PREVENTIVE DENTISTRY		
1110	Routine prophylaxis -adult (once every 6 mos.)	No Charge
1120	Routine prophylaxis - child (once every 6 mos.) Child up to age 18	15.00
1201	Topical application of fluoride - child up to age 18 (Prophylaxis included)	No Charge
1203	Topical application of fluoride - child up to age 18 (Prophylaxis not included)	No Charge
1330	Oral Hygiene instruction	No Charge
1351	Application of sealant, per tooth	10.00

ADA Code	Participating General Dentist Treatment	Member Copayment
1510	Space maintainer (fixed) - unilateral	45.00*
1515	Space maintainer (fixed) - bilateral	45.00*
1520	Space maintainer (removable) - unilateral	85.00*
1525	Space maintainer (removable) - bilateral	85.00*
1550	Recementation of space maintainer	15.00

RESTORATIVE DENTISTRY (FILLINGS/CROWNS)		
2140	Amalgam - One surface, primary or permanent	5.00
2150	Amalgam - Two surfaces, primary or permanent	10.00
2160	Amalgam - Three surfaces, primary or permanent	20.00
2161	Amalgam - Four surfaces, primary or permanent	22.00
2330	Resin filling - one surface, anterior	25.00
2331	Resin filling - two surfaces, anterior	35.00
2332	Resin filling - three surfaces, anterior	45.00
2335	Resin filling - four or more surfaces, anterior	55.00
2391	Resin filling - one surface posterior	60.00
2392	Resin filling - two surfaces, posterior	75.00
2393	Resin filling - three surfaces posterior	95.00
2394	Resin filling - four or more surfaces posterior	105.00
2510	Inlay - Metallic, one surface	90.00*
2520	Inlay - Metallic, two surfaces	100.00*
2530	Inlay - Metallic, three or more surfaces	125.00*
2740	Crown - Porcelain/Ceramic	275.00*
2750	Crown - Porcelain to high noble metal	275.00*
2751	Crown - Porcelain to base metal	275.00*
2752	Crown - Porcelain to noble metal	275.00*
2790	Crown - Full cast high noble metal	255.00*
2791	Crown - Full cast base metal	255.00*
2792	Crown - Full cast noble metal	255.00*
2799	Provisional Crown	255.00*
2910	Recement Inlay, onlay or partial coverage restoration	15.00
2920	Recement Crown	15.00
2930	Prefabricated stainless steel crown - primary tooth	80.00
2931	Prefabricated stainless steel crown - permanent	65.00
2940	Sedative Filling	3.00
2950	Core Buildup, including any pins	75.00
2951	Pin Retention (per tooth), in addition to restoration	10.00
2952	Cast post and core, in addition to crown	75.00*
2954	Prefabricated post and core, in addition to crown	75.00
2960	Labial veneer (laminate) - chairside	200.00
2962	Labial veneer (porcelain laminate) - laboratory	300.00*

ENDODONTICS (ROOT CANALS)		
3110	Pulp Cap - Direct	No Charge
3120	Pulp Cap - Indirect	No Charge
3220	Pulpotomy (excluding final restoration)	40.00
3310	Root Canal - Anterior (excluding final restoration)	300.00
3320	Root Canal - Bicuspid (excluding final restoration)	425.00
3330	Root Canal - Molar (excluding final restoration)	600.00
3410	Apicoectomy - Anterior	75.00

PERIODONTICS		
4210	Gingivectomy or Gingivoplasty, four + contiguous teeth or bounded teeth spaces per quadrant	90.00
4211	Gingivectomy or Gingivoplasty, one to three teeth per quadrant	50.00
4240	Gingival flap procedure including root planing, per quadrant	240.00
4241	Gingival flap procedure including root planing - one to three contiguous teeth or bounded teeth spaces, per quadrant	100.00
4260	Osseous Surgery, (including flap entry and closure) four or more teeth or bounded teeth spaces per quadrant	300.00
4271	Free Soft Tissue Graft Procedure	300.00
4341	Periodontal Scaling and Root Planing, four or more teeth per quadrant	100.00
4910	Periodontal maintenance	45.00

ADA Code	Participating General Dentist Treatment	Member Copayment
REMOVABLE PROSTHODONTICS (DENTURES)		
5110	Complete upper denture	310.00*
5120	Complete lower denture	310.00*
5130	Immediate upper denture (excluding relines)	365.00*
5140	Immediate lower denture (excluding relines)	365.00*
5211	Partial denture-upper (resin base, including clasps, etc.)	310.00*
5212	Partial denture - lower (resin base, including clasps, etc.)	295.00*
5213	Partial denture - upper (cast metal framework/acrylic base)	350.00*
5214	Partial denture - lower (cast metal framework/acrylic base)	350.00*
5410	Adjust complete denture - upper	10.00
5411	Adjust complete denture - lower	10.00
5421	Adjust partial denture - upper	10.00
5422	Adjust partial denture - lower	10.00
5510	Repair broken complete denture base	25.00*
5520	Replace missing/broken teeth - comp denture/tooth	40.00*
5610	Repair resin denture base	35.00*
5620	Repair cast framework	35.00*
5630	Repair or replace broken clasps	35.00*
5640	Repair broken teeth, per tooth	35.00*
5650	Add tooth to existing partial denture	35.00
5660	Add clasp to existing partial denture	30.00
5710	Rebase complete upper denture	95.00*
5711	Rebase complete lower denture	10.00
5720	Rebase upper partial denture	10.00
5721	Rebase lower partial denture	10.00
5730	Reline complete upper denture - chairside	60.00
5731	Reline complete lower denture - chairside	60.00
5740	Reline upper partial denture - chairside	60.00
5741	Reline lower partial denture - chairside	60.00
5750	Reline complete upper denture - laboratory	95.00*
5751	Reline complete lower denture - laboratory	95.00*
5760	Reline upper partial denture - laboratory	95.00*
5761	Reline lower partial denture - laboratory	95.00*
FIXED PROSTHODONTICS		
6210	Pontic - Cast high noble metal, per unit	255.00*
6211	Pontic - Cast base metal, per unit	255.00*
6212	Pontic - Cast noble metal, per unit	255.00*
6240	Pontic - Porcelain fused to high noble metal, per unit**	275.00*
6241	Pontic - Porcelain fused to base metal, per unit	275.00*
6242	Pontic - Porcelain fused to noble metal, per unit	275.00*
6750	Crown - Porcelain fused to high noble metal, per unit**	275.00*
6751	Crown - Porcelain fused to base metal, per unit	275.00*
6752	Crown - Porcelain fused to noble metal, per unit	275.00*
6790	Crown - Full cast high noble metal, per unit	255.00*
6791	Crown - Full cast base metal, per unit	255.00*
6792	Crown - Full cast noble metal, per unit	255.00*
6930	Recement bridge	15.00
ORAL SURGERY		
7140	Extraction, erupted or exposed root	70.00
7210	Surgical removal of erupted tooth removal/sectioning	55.00
7220	Removal of impacted tooth - soft tissue	65.00
7230	Removal of impacted tooth - partial bony	75.00
7240	Removal of impacted tooth - complete bony	120.00
7241	Removal of impacted tooth - complete bony, with complications	140.00
7250	Surgical removal of residual roots - cutting procedure	40.00
7310	Alveoloplasty in conjunction with extractions per quadrant	60.00
7510	Incision and drainage of abscess - intraoral soft tissue	35.00
7960	Frenectomy	60.00

ADA Code	Participating General Dentist Treatment	Member Copayment
OTHER SERVICES		
9110	Palliative - Dental Pain	25.00
9210	Local Anesthesia (not in conjunction with surgery)	No Charge
9215	Local Anesthesia	No Charge
9220	Deep sedation/ general anesthesia (first 30 minutes)	40.00
9221	Deep sedation /general anesthesia (each add 15 minutes)	168.00
9230	Analgesia - Nitrous Oxide (per 30 minutes)	15.00
9241	Intravenous conscious sedation/analgesia (first 30 minutes)	30.00
9242	Intravenous conscious sedation/analgesia (each additional 15 minutes)	20.00
9310	Consultation appointment	45.00
9910	Application - desensitizing medicament	18.00
9951	Occlusal adjustment (limited)	30.00
9952	Occlusal adjustment (complete)	150.00
9972	External bleaching, per arch	150.00
9973	External bleaching, per tooth	30.00

Prepaid Plan Limitations & Exclusions

Union Security Insurance Company does not provide coverage for the following services:

1. Cost of hospitalization, pharmaceuticals and general anesthesia;
2. Services which, in the opinion of a Participating General Dentist(s) or Participating Specialist(s), are not necessary for the patient's dental health; except for those procedures listed on the copayment schedule as cosmetic procedures;
3. Services that cannot be performed because of the general health of the patient;
4. Treatment which, in the opinion of the participating General Dentist, must be performed by a non-participating Specialist.
5. Any service received from Member's selected Participating General Dentist that is not listed on the complete General Dentist Copayment Schedule (Form# FB-GDCS-TN).

How Do I Find Out More?

Please call Customer Service at 800.443.2995 Monday-Friday 7:00am - 6:00pm (Central Standard Time)

This is not a Certificate of Group Prepaid Dental Benefits. The Group Policy, which is on file with Benefits Administration, alone determines all rights and benefits and applicable Limitations and Exclusions. Following enrollment, a complete list of Prepaid Plan Copayments for General Dentists and Specialists will be mailed to your home with your Certificate of Group Prepaid Dental Benefits which includes Prepaid Plan Limitations and Exclusions.

Customer Service 800.443.2995

*Members are responsible for additional lab fees for these services.

**Service does not have an American Dental Association current dental terminology code or nomenclature/descriptor.

Dentist Selection Card

State of Tennessee Prepaid Plan

Please Print

Name _____
LAST FIRST MIDDLE INITIAL

Social Security Number _____

Dentist Facility Number _____ Date _____

Phone Number _____

Employee Signature _____

If eligible Family Members have a different dentist selection from yours, list the information below:

First Name MI Last Name (if different) Dentist Facility ID#

Employees enrolling for dental coverage must return this card and a completed State of Tennessee enrollment/change application to their agency's benefits coordinator.

cut along dotted line

How do I join the Prepaid Plan?

1. Complete the appropriate sections of the State of Tennessee enrollment/ change application and return it to your agency's benefits coordinator. (If you need a copy of this application, please contact your agency's benefits coordinator.)
2. Select a General Dentist for yourself and every eligible member of your family. (A list of General Dentists participating with the Prepaid Plan is included in this booklet or, you may find a participating dentist online at www.assurantemployeebenefits.com from the DentiCare provider information.
3. Complete the Dentist Selection Card at left, being sure to include the 7-digit Dental Facility ID# for each Participating General Dentist you select. (A list of General Dentists participating with the Prepaid Plan is included in this booklet.) Detach and return the card directly to your agency's benefits coordinator.

cut along dotted line

**If you need more information, please call
Customer Service at 800.443.2995 or visit us at
www.assurantemployeebenefits.com**



ASSURANT
Employee
Benefits

3595 Grandview Parkway, Suite #650
Birmingham, AL 35243

KC3181 (9/2006)

Products are marketed by Assurant Employee Benefits,
and are underwritten and/or provided by Union Security
Insurance Company.